HHS Privacy Impact Assessment (PIA) Summary

PSC: PSC AOS Asset Management System (AMS)

1	

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer "No" to that question.

2	Summary of PIA Required Questions

	Question	Response
	Question	**Response**
1	System:	PSC AOS Asset Management System (AMS)
2	Is this a new PIA?	No
3	If this is an existing PIA, please provide a reason for revision:	PIA Validation
4	Date of this Submission:	May 4, 2006
5	OPDIV Name:	PSC
6	Unique Project Identifier (UPI) Number:	009-91-01-08-02-1030-00-405-144
7	Privacy Act System of Records (SOR) Number:	N/A
8	OMB Information Collection Approval Number:	N/A
9	Other Identifying Number(s):	N/A
10	System Name:	Asset Management System (AMS)
11	System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Debbie Orfe/Jack Sweeney
12	Provide an overview of the system:	Provides access to property data by Asset Center Representatives from DHHS agencies. AMS is the repository for asset records for a number of organizations within the DHHS. AMS generates the debits and credits related to the capitalized value, period dep
13	Indicate if the system is new or an existing one being modified:	Existing
14	Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15	Is the system subject to the Privacy Act?	No
16	If the system shares or discloses IIF please specify with whom and for what purpose(s):	No
17	Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	AMS does not collect PII information
18	Describe the consent process:	No
19	Does the system host a website?	No
20	Does the website have any information or pages directed at children under the age of thirteen?	No
21	Are there policies or guidelines in place with regard to the retention and destruction of IIF?	Yes
22	Are there technical controls present?	Yes
23	Describe the IIF security controls:	No IIF is contained in this system
24	Sr Official of Privacy Signature:	Darlene Christian Green
25	Sr Official of Privacy Signoff Date:	Jun 13, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

PSC: PSC AOS MDI - Badging System

1	

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer "No" to that question.

2	Summary of PIA Required Questions

#	Question	Response
	Question	**Response**
1	System:	PSC AOS MDI - Badging System
2	Is this a new PIA?	No
3	If this is an existing PIA, please provide a reason for revision:	PIA Validation
4	Date of this Submission:	May 4, 2006
5	OPDIV Name:	PSC
6	Unique Project Identifier (UPI) Number:	009-91-01-46-02-1060-00-401-121
7	Privacy Act System of Records (SOR) Number:	09-40-0013
8	OMB Information Collection Approval Number:	No
9	Other Identifying Number(s):	No
10	System Name:	MDI Badging System
11	System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Don Deering
12	Provide an overview of the system:	The MDI badging System provides card access and intrusion detection and technical alarm points for the HHS-PSC and approximately 9 remote locations. MDI PIA is being substantially revised. The amended Privacy Act SOR has been published in the Federal R
13	Indicate if the system is new or an existing one being modified:	Existing
14	Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	Yes
15	Is the system subject to the Privacy Act?	Yes
16	If the system shares or discloses IIF please specify with whom and for what purpose(s):	Does not share or disclose.
17	Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	Name, SSN, Photo - For use in granting appropriate building access to provide adequate building access Security.
18	Describe the consent process:	Information is submitted by the individual on paper forms; they are told the information is required before granting building passes; individuals personally submit form and receive badge.
19	Does the system host a website?	No
20	Does the website have any information or pages directed at children under the age of thirteen?	No
21	Are there policies or guidelines in place with regard to the retention and destruction of IIF?	Yes
22	Are there technical controls present?	Yes
23	Describe the IIF security controls:	The Information in the system is protected by management, operational, and technical security controls commensurate with the level of sensitivity of the system.
24	Sr Official of Privacy Signature:	Darlene Christian Green
25	Sr Official of Privacy Signoff Date:	Dec 1, 2003

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

PSC: PSC AOS PropShop (web ordering system)

1	

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer "No" to that question.

2	Summary of PIA Required Questions

	Question	**Response**
1	System:	PSC AOS PropShop (web ordering system)
2	Is this a new PIA?	No
3	If this is an existing PIA, please provide a reason for revision:	PIA Validation
4	Date of this Submission:	May 4, 2006
5	OPDIV Name:	PSC
6	Unique Project Identifier (UPI) Number:	009-91-01-08-02-1016-00-405-143
7	Privacy Act System of Records (SOR) Number:	09-90-0024
8	OMB Information Collection Approval Number:	N/A
9	Other Identifying Number(s):	N/A
10	System Name:	PropShop Web Ordering System
11	System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Debbie Orfe/JackSweeney
12	Provide an overview of the system:	To enable items and services to be ordered online by DHHS/Federal agencies. PropShop is critical for providing customer's access 24/7 to requesting products or services from the PPMB.
13	Indicate if the system is new or an existing one being modified:	Existing
14	Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	Yes
15	Is the system subject to the Privacy Act?	Yes
16	If the system shares or discloses IIF please specify with whom and for what purpose(s):	The information is shared with the PSC Business Office which uses PRICES for billing customers. Additionally, customers receive a courtesy copy.
17	Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	The information collected is name, mailing address, phone numbers, financial account information, and e-mail address for the purpose of mailing, shipping or delivering an order. In addition, the financial information is required to bill the customer for
18	Describe the consent process:	Customers fill in an order page on the website, some PII data is required to complete the order. All PPMB customers must follow the same steps to complete an order. The HHS privacy policy is available electronically by the posting of a link at the bott
19	Does the system host a website?	No
20	Does the website have any information or pages directed at children under the age of thirteen?	No
21	Are there policies or guidelines in place with regard to the retention and destruction of IIF?	Yes
22	Are there technical controls present?	Yes
23	Describe the IIF security controls:	Users connect through VPN Firewall Brick; which prevents unauthenticated traffic from entering a protected firewall perimeter. It also provides cryptographic protection against attacks by requiring strong end user authentication. Users are authenticated
24	Sr Official of Privacy Signature:	Darlene Christian Green
25	Sr Official of Privacy Signoff Date:	May 16, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

PSC: PSC AOS Purchase Request Information Management System (PRISM)

1	

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer "No" to that question.

2	Summary of PIA Required Questions

	Question	**Response**
1	System:	PSC AOS Purchase Request Information Management System (PRISM)
2	Is this a new PIA?	No
3	If this is an existing PIA, please provide a reason for revision:	PIA Validation
4	Date of this Submission:	May 4, 2006
5	OPDIV Name:	PSC
6	Unique Project Identifier (UPI) Number:	009-91-01-08-02-1040-00-405-143
7	Privacy Act System of Records (SOR) Number:	09-90-0024
8	OMB Information Collection Approval Number:	N/A
9	Other Identifying Number(s):	N/A
10	System Name:	Purchase Request Information SysteM (PRISM)
11	System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Maggie Pippin
12	Provide an overview of the system:	PRISM is a comprehensive acquisition tracking system that automates each step of the procurement process.
13	Indicate if the system is new or an existing one being modified:	Existing
14	Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	Yes
15	Is the system subject to the Privacy Act?	Yes
16	If the system shares or discloses IIF please specify with whom and for what purpose(s):	N/A
17	Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	PRISM does not collect information.
18	Describe the consent process:	N/A
19	Does the system host a website?	No
20	Does the website have any information or pages directed at children under the age of thirteen?	No
21	Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22	Are there technical controls present?	Yes
23	Describe the IIF security controls:	Although there is no IIF data, users do authenticate to the database using a unique User ID and password, using roles assigned.
24	Sr Official of Privacy Signature:	Darlene Christian Green
25	Sr Official of Privacy Signoff Date:	May 18, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

U.S. Department of Health and Human Services

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SECURE
ONE HHS

HHS Privacy Impact Assessment (PIA) Summary

PSC: PSC ESS Electronic Human Resources Program (EHRP)

1	

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer "No" to that question.

2	Summary of PIA Required Questions

	Question	Response
1	System:	PSC ESS Electronic Human Resources Program (EHRP)
2	Is this a new PIA?	No
3	If this is an existing PIA, please provide a reason for revision:	PIA Validation
4	Date of this Submission:	May 5, 2006
5	OPDIV Name:	PSC
6	Unique Project Identifier (UPI) Number:	009-91-01-08-01-1100-00-403-250
7	Privacy Act System of Records (SOR) Number:	09-90-0018
8	OMB Information Collection Approval Number:	N/A
9	Other Identifying Number(s):	N/A
10	System Name:	Electronic Human Resources Integration (EHRI)
11	System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Carol Arbogast
12	Provide an overview of the system:	A system for collecting, tracking, routing and maintaining information relating to personnel actions and determinations made about an employee whil employed at HHS.
13	Indicate if the system is new or an existing one being modified:	Existing
14	Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	Yes
15	Is the system subject to the Privacy Act?	Yes
16	If the system shares or discloses IIF please specify with whom and for what purpose(s):	Human Resource personnel, supervisors, and employees. OPM Reporting, and Internal Agencies Reporting
17	Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	Personnel and payroll information required by personnel management specialists and managers in order to process and properly execute agency personnel actions.
18	Describe the consent process:	Information is collected from individuals. Consent is granted as part of the employee induction process.
19	Does the system host a website?	No
20	Does the website have any information or pages directed at children under the age of thirteen?	No
21	Are there policies or guidelines in place with regard to the retention and destruction of IIF?	Yes
22	Are there technical controls present?	Yes
23	Describe the IIF security controls:	The system is in compliance with management, operational and technical security controls commensurate with its level of sensitivity.
24	Sr Official of Privacy Signature:	Darlene Christian Green
25	Sr Official of Privacy Signoff Date:	May 16, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

U.S. Department of Health and Human Services

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SECURE
ONE HHS

HHS Privacy Impact Assessment (PIA) Summary

PSC: PSC ESS Integrated Time and Attendance System (ITAS)

1	

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer "No" to that question.

2	**Summary of PIA Required Questions**

	Question	**Response**
1	System:	PSC ESS Integrated Time and Attendance System (ITAS)
2	Is this a new PIA?	No
3	If this is an existing PIA, please provide a reason for revision:	PIA Validation
4	Date of this Submission:	May 5, 2006
5	OPDIV Name:	PSC
6	Unique Project Identifier (UPI) Number:	009-91-01-08-02-1016-00-403-253
7	Privacy Act System of Records (SOR) Number:	09-90-0018
8	OMB Information Collection Approval Number:	N/A
9	Other Identifying Number(s):	N/A
10	System Name:	Integrated Time and Attendance System
11	System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Carol Arbogast
12	Provide an overview of the system:	ITAS is a timekeeping by exception application that supports most aspects of tracking and reporting work hours and leave for federal employees. ITAS provides users with access to real-time leave balances and ensures that users accurately record work acti
13	Indicate if the system is new or an existing one being modified:	Existing
14	Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	Yes
15	Is the system subject to the Privacy Act?	Yes
16	If the system shares or discloses IIF please specify with whom and for what purpose(s):	Employee Express-Etc. Application Messaging to Centers For Disease Control and Prevention
17	Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	The information entered into this data system becomes a part of the NIH Payroll System and documents daily time and attendance for employees. The primary use of the information is to prepare the NIH payroll and compute leave balances. The information may
18	Describe the consent process:	Consent is obtained as part of the condition of employment.
19	Does the system host a website?	Yes
20	Does the website have any information or pages directed at children under the age of thirteen?	No
21	Are there policies or guidelines in place with regard to the retention and destruction of IIF?	Yes
22	Are there technical controls present?	Yes
23	Describe the IIF security controls:	ITAS is a client/server-based application using components running on several different computing platforms. Each ITAS user is assigned a User ID and password. User IDs and passwords are managed by the ITAS Coordinators or Timekeepers through a user prof
24	Sr Official of Privacy Signature:	Darlene Christian Green
25	Sr Official of Privacy Signoff Date:	May 16, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. **Note:** If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. **Note:** If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

PSC: PSC FMS Accounting for Payroll System (AFPS)

1	

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer "No" to that question.

2	Summary of PIA Required Questions

	Question	**Response**
1	System:	PSC FMS Accounting for Payroll System (AFPS)
2	Is this a new PIA?	No
3	If this is an existing PIA, please provide a reason for revision:	PIA Validation
4	Date of this Submission:	May 4, 2006
5	OPDIV Name:	PSC
6	Unique Project Identifier (UPI) Number:	009-91-01-09-01-1013-00-402-124
7	Privacy Act System of Records (SOR) Number:	09-90-0018
8	OMB Information Collection Approval Number:	N/A
9	Other Identifying Number(s):	N/A
10	System Name:	Accounting For Pay System (AFPS)
11	System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Vincent Watson
12	Provide an overview of the system:	Automated interface between the Department's central payroll and the HHS agencies for payroll cost distribution. Provides a systematic interface of payroll accounting information necessary to account for disbursements, expenditures, obligations and accur
13	Indicate if the system is new or an existing one being modified:	Existing
14	Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	Yes
15	Is the system subject to the Privacy Act?	Yes
16	If the system shares or discloses IIF please specify with whom and for what purpose(s):	The information is shared with the agencies accounting, budget and administrative offices.
17	Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	The agencies recieve payroll expenditures and use this data for financial reporting and tracking their budgets (payroll costs). The data transmitted meets the standard that was established by the Department for capturing payroll costs.
18	Describe the consent process:	Information recieved is from HHS payroll systems (Civilian and Commisioned Corps) and is processed to properly account for payroll costs. Agencies are aware of incoming files via a scheduled processing calendar.
19	Does the system host a website?	No
20	Does the website have any information or pages directed at children under the age of thirteen?	No
21	Are there policies or guidelines in place with regard to the retention and destruction of IIF?	No
22	Are there technical controls present?	Yes
23	Describe the IIF security controls:	Technical and Physical controls are in place to ensure the security of the information. These include an up to date System Security Plan, Contingency Plan, regular offsite backup of the data, and yearly security awareness training for all personnel. Also,
24	Sr Official of Privacy Signature:	Darlene Christian Green
25	Sr Official of Privacy Signoff Date:	May 16, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

PSC: PSC FMS CORE Accounting System

1	

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer "No" to that question.

2	Summary of PIA Required Questions

	Question	Response
1	System:	PSC FMS CORE Accounting System
2	Is this a new PIA?	No
3	If this is an existing PIA, please provide a reason for revision:	PIA Validation
4	Date of this Submission:	May 3, 2006
5	OPDIV Name:	PSC
6	Unique Project Identifier (UPI) Number:	009-91-01-01-01-1010-00-402-124
7	Privacy Act System of Records (SOR) Number:	09-90-0024
8	OMB Information Collection Approval Number:	N/A
9	Other Identifying Number(s):	N/A
10	System Name:	Core Accounting System (CORE)
11	System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Matt Zaklielarz
12	Provide an overview of the system:	Legacy accounting and financial management system used by the Program Support Center and its customer agencies. The CORE is the PSC legacy accounting and financial management system. The reporting for CORE also includes the Accounts Receivable Module (f
13	Indicate if the system is new or an existing one being modified:	Existing
14	Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	Yes
15	Is the system subject to the Privacy Act?	Yes
16	If the system shares or discloses IIF please specify with whom and for what purpose(s):	Information is shared with the Department of the Treasury as part of the disbursement process. Treasury - Disbursements
17	Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	Information is not normally collected from the public. The information is primarily collected from procurement documents (e.g., purchase orders and contracts) and the data is used to process paper and electronic disbursements through the Department of Tr
18	Describe the consent process:	Information is obtained from the procurement documents (purchase order, contract, etc.) which are processed by the relevant procurement office. The information collected is legally required to process the payments as1sociated with the purchase order/cont
19	Does the system host a website?	No
20	Does the website have any information or pages directed at children under the age of thirteen?	No
21	Are there policies or guidelines in place with regard to the retention and destruction of IIF?	Yes
22	Are there technical controls present?	Yes
23	Describe the IIF security controls:	Technical and physical controls are in place to ensure the security of the information. These include an up to date System Security Plan, Contingency Plan, regular offsite backup of the data, and yearly security awareness training for all personnel. Als
24	Sr Official of Privacy Signature:	Darlene Christian Green
25	Sr Official of Privacy Signoff Date:	May 16, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

PSC: PSC FMS Debt Management Collection System (DMCS)

1	

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer "No" to that question.

2	Summary of PIA Required Questions

	Question	Response
	Question	**Response**
1	System:	PSC FMS Debt Management Collection System (DMCS)
2	Is this a new PIA?	No
3	If this is an existing PIA, please provide a reason for revision:	PIA Validation
4	Date of this Submission:	May 5, 2006
5	OPDIV Name:	PSC
6	Unique Project Identifier (UPI) Number:	009-91-01-01-01-1011-00-402-127
7	Privacy Act System of Records (SOR) Number:	09-40-0012
8	OMB Information Collection Approval Number:	N/A
9	Other Identifying Number(s):	N/A
10	System Name:	Debt Management and Collection System (DMCS)
11	System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Don Pooten
12	Provide an overview of the system:	Automated system for the performance of receivables management and Core Accounting System feeder system. Legislation: Debt Collection Act of 1982 and the Debt Collection Improvement Act of 1996.
13	Indicate if the system is new or an existing one being modified:	Existing
14	Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	Yes
15	Is the system subject to the Privacy Act?	Yes
16	If the system shares or discloses IIF please specify with whom and for what purpose(s):	Information is shared with credit reporting agencies, collection agencies, the Department of the Treasury and the Department of Justice as part of the debt collection process. Credit reporting agencies - Credit reporting Collection agencies - debt colle
17	Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	Information is not normally collected from the public. The information is primarily collected from the referring agency program offices as a result of defaulated loans, scholarships, etc. The information is used to record and collect the receivables owe
18	Describe the consent process:	Information is obtained from the agency program offices as a result of defaulted scholarships, loans, etc. and other sources throughout the due diligence process (e.g., collection agency, credit reporting agency, Department of Justice, etc.) No notice is
19	Does the system host a website?	No
20	Does the website have any information or pages directed at children under the age of thirteen?	No
21	Are there policies or guidelines in place with regard to the retention and destruction of IIF?	Yes
22	Are there technical controls present?	Yes
23	Describe the IIF security controls:	Technical and physical controls are in place to ensure the security of the information. These include an up to date System Security Plan, Contingency Plan, regular offsite backup of the data, and yearly security awareness training for all personnel. Als
24	Sr Official of Privacy Signature:	Darlene Christian Green
25	Sr Official of Privacy Signoff Date:	May 16, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

PSC: PSC FMS Managing & Accounting Credit Card System (MACCS)

1	

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer "No" to that question.

2	Summary of PIA Required Questions

	Question	Response
1	System:	PSC FMS Managing & Accounting Credit Card System (MACCS)
2	Is this a new PIA?	Yes
3	If this is an existing PIA, please provide a reason for revision:	-
4	Date of this Submission:	May 18, 2006
5	OPDIV Name:	PSC
6	Unique Project Identifier (UPI) Number:	009-91-01-01-02-1200-00-402-124
7	Privacy Act System of Records (SOR) Number:	9-90-0024
8	OMB Information Collection Approval Number:	No
9	Other Identifying Number(s):	No
10	System Name:	Managing & Accounting Credit Card System (MACCS)
11	System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Matt Zakielarz
12	Provide an overview of the system:	MACCS is a system designed to provide access to and account for credit card purchases. Using transaction data from the credit card processing ceter at the US Bank, MACCS is a downstream process that provides a means for ensuring that each transaction is a
13	Indicate if the system is new or an existing one being modified:	Existing
14	Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	Yes
15	Is the system subject to the Privacy Act?	Yes
16	If the system shares or discloses IIF please specify with whom and for what purpose(s):	Internal HHS Financial Management Staff
17	Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	The MACCS system will process valid transaction reviewed by an authorized official, proper budgetary funds and transmitted for posting to the general ledger. System contains IIF information pertaining to credit card numbers and SSN's.
18	Describe the consent process:	Use of the system by the individual addresses consent.
19	Does the system host a website?	No
20	Does the website have any information or pages directed at children under the age of thirteen?	No
21	Are there policies or guidelines in place with regard to the retention and destruction of IIF?	Yes
22	Are there technical controls present?	Yes
23	Describe the IIF security controls:	MACCS will be protected with an internal control process to ensure integrity checks, encryption and virtual private network (VPN) implementation.
24	Sr Official of Privacy Signature:	Darlene Christian Green
25	Sr Official of Privacy Signoff Date:	May 18, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

PSC: PSC FMS Payment Management System (PMS)

1	

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer "No" to that question.

2	Summary of PIA Required Questions

	Question	**Response**
1	System:	PSC FMS Payment Management System (PMS)
2	Is this a new PIA?	No
3	If this is an existing PIA, please provide a reason for revision:	PIA Validation
4	Date of this Submission:	May 5, 2006
5	OPDIV Name:	PSC
6	Unique Project Identifier (UPI) Number:	009-91-01-09-01-1021-00-402-126
7	Privacy Act System of Records (SOR) Number:	09-90-0024
8	OMB Information Collection Approval Number:	No
9	Other Identifying Number(s):	No
10	System Name:	Payment Management System (PMS)
11	System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Bob Bessio
12	Provide an overview of the system:	Grant payment, cash management system.
13	Indicate if the system is new or an existing one being modified:	Existing
14	Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	Yes
15	Is the system subject to the Privacy Act?	Yes
16	If the system shares or discloses IIF please specify with whom and for what purpose(s):	The PMS provides data to the agencies that utilize its grant payment services, the Federal Reserve Bank system, and the Treasury. Agency databases, payment activity, disbursement activity, SF224 data, sync data, vendor data, and CAN data
17	Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	The PMS maintains automated interfaces to the agency financial systems that utilize its services. The HHS standard financial record is exchanged to identify new grants and modification to existing grants. The PMS provides output to the agencies with reg
18	Describe the consent process:	The data input to the PMS is derived from the agencies, the recipients, and the staff at DPM. The data input to the system from the staff is entered online from workstations located at the DPM site. This information results in the establishment of accou
19	Does the system host a website?	Yes
20	Does the website have any information or pages directed at children under the age of thirteen?	No
21	Are there policies or guidelines in place with regard to the retention and destruction of IIF?	Yes
22	Are there technical controls present?	Yes
23	Describe the IIF security controls:	All data collected to support the processes of the PMS is stored in tables. The information is secured through multiple levels of security and access controls have been established to authenticate the user and to determine if the user has the authorizati
24	Sr Official of Privacy Signature:	Darlene Christian Green
25	Sr Official of Privacy Signoff Date:	May 16, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

HHS Privacy Impact Assessment (PIA) Summary

PSC: PSC FOH Medical Evaluation/Requirements Information Tracking System (MERITS)

1	

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer "No" to that question.

2	Summary of PIA Required Questions

Question	Response
1 System:	PSC FOH Medical Evaluation/Requirements Information Tracking System (MERITS)
2 Is this a new PIA?	No
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	May 4, 2006
5 OPDIV Name:	PSC
6 Unique Project Identifier (UPI) Number:	009-91-01-08-02-1040-00-404-142
7 Privacy Act System of Records (SOR) Number:	09-15-0004
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	N/A
10 System Name:	Medical Evaluation/Requirements Information System (MERITS)
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Kathy Morring Capt. PHS
12 Provide an overview of the system:	Collect, analyze and manage medical data and produce medical reports on the performance capability of Federal Law Enforcement applicants MERITS is used to Collect, analyze and manage medical data and produce medical reports on the performance capability
13 Indicate if the system is new or an existing one being modified:	Existing
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	Yes
15 Is the system subject to the Privacy Act?	Yes
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	Internal: POIS - Billing. PII is not shared (except as required by law) with anyone outside of HHS or the customer agency.
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	MERITS was developed to collect, analyze and manage medical data and produce medical reports on the performance capability of Federal applicants. PII collected is the minimum required for positive identification of the customer agency employees. Due to t
18 Describe the consent process:	Records in this system are obtained from-- a. The individual to whom the records pertain. b. Agency employee health unit staff. c. Federal and private sector medical practitioners and treatment facilities. d. Supervisors/managers and othe
19 Does the system host a website?	Yes
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	Yes
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	Information in the system is protected by management, operational, and technical security controls commensurate with the level of sensitivity of the system.
24 Sr Official of Privacy Signature:	Darlene Christian Green
25 Sr Official of Privacy Signoff Date:	May 16, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. **Note:** If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. **Note:** If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

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HHS Privacy Impact Assessment (PIA) Summary

PSC: PSC FOH Service Tracking Module (STM)

1	

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer "No" to that question.

2	Summary of PIA Required Questions

	Question	**Response**
1	System:	PSC FOH Service Tracking Module (STM)
2	Is this a new PIA?	No
3	If this is an existing PIA, please provide a reason for revision:	PIA Validation
4	Date of this Submission:	May 4, 2006
5	OPDIV Name:	PSC
6	Unique Project Identifier (UPI) Number:	009-91-01-08-02-1015-00-119-066
7	Privacy Act System of Records (SOR) Number:	09-15-0004
8	OMB Information Collection Approval Number:	N/A
9	Other Identifying Number(s):	N/A
10	System Name:	Service Tracking Module (STM)
11	System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Kathy Morring
12	Provide an overview of the system:	STM provides a complete set of tools to define the interagency agreements between FOH and its customer agencies, collect evidence of the fulfillment of those agreements, and provide external financial systems the information they need to bill for services
13	Indicate if the system is new or an existing one being modified:	Existing
14	Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	Yes
15	Is the system subject to the Privacy Act?	Yes
16	If the system shares or discloses IIF please specify with whom and for what purpose(s):	Does not share
17	Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	Medical notes and employee information in addition to personal identifying information
18	Describe the consent process:	Records in this system are obtained from-- a. The individual to whom the records pertain. b. Agency employee health unit staff. c. Federal and private sector medical practitioners and treatment facilities. d. Supervisors/managers and othe
19	Does the system host a website?	No
20	Does the website have any information or pages directed at children under the age of thirteen?	No
21	Are there policies or guidelines in place with regard to the retention and destruction of IIF?	Yes
22	Are there technical controls present?	Yes
23	Describe the IIF security controls:	Information in the system is protected by management, operational, and technical controls comensurate with the level of sensitivity of that information
24	Sr Official of Privacy Signature:	Darlene Christian Green
25	Sr Official of Privacy Signoff Date:	May 16, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

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ONE HHS

HHS Privacy Impact Assessment (PIA) Summary

PSC: PSC FOH Web Employee Assistance Program Information System (WEBEAP)	

1	

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer "No" to that question.

2	**Summary of PIA Required Questions**

Question	**Response**
1 System:	PSC FOH Web Employee Assistance Program Information System (WEBEAP)
2 Is this a new PIA?	No
3 If this is an existing PIA, please provide a reason for revision:	PIA Validation
4 Date of this Submission:	May 4, 2006
5 OPDIV Name:	PSC
6 Unique Project Identifier (UPI) Number:	009-91-01-08-02-1021-00-110-248
7 Privacy Act System of Records (SOR) Number:	09-90-0010
8 OMB Information Collection Approval Number:	N/A
9 Other Identifying Number(s):	DOCID:fr07mr97-105
10 System Name:	Web Employee Assistance Program Information System(Web EAP)
11 System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Kathy Mooring
12 Provide an overview of the system:	Formerly called EAPIS
	Manage EAP clinician activity. This system contains a written or electronic record on each EAP client. These records typically contain demographic data such as client name, date of birth, grade, job title, home address, telephone
13 Indicate if the system is new or an existing one being modified:	Existing
14 Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	Yes
15 Is the system subject to the Privacy Act?	Yes
16 If the system shares or discloses IIF please specify with whom and for what purpose(s):	IIF is not shared (except as required by law) with anyone outside of HHS.
17 Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	The information contained in each record is a documentation of the nature and extent of the client's problem(s). When the intervention plan includes referral(s) to the treatment or other facilities outside the EAP, the record also documents this referral
18 Describe the consent process:	Information in this system of records is: (1) Supplied directly by the individual using the program, or (2) supplied by a member of the employee's family, or (3) derived from information supplied by the employee, or (4) supplied by sources to/from whom th
19 Does the system host a website?	No
20 Does the website have any information or pages directed at children under the age of thirteen?	No
21 Are there policies or guidelines in place with regard to the retention and destruction of IIF?	Yes
22 Are there technical controls present?	Yes
23 Describe the IIF security controls:	Information in the system is protected by management, operational, and technical security controls commensurate with the level of sensitivity of the system.
24 Sr Official of Privacy Signature:	Darlene Christian Green
25 Sr Official of Privacy Signoff Date:	May 16, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

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HHS Privacy Impact Assessment (PIA) Summary

PSC: PSC HHSU Learning Management System (LMS)

1	

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer "No" to that question.

2	Summary of PIA Required Questions

	Question	Response
1	System:	PSC HHSU Learning Management System (LMS)
2	Is this a new PIA?	No
3	If this is an existing PIA, please provide a reason for revision:	PIA Validation
4	Date of this Submission:	May 5, 2006
5	OPDIV Name:	PSC
6	Unique Project Identifier (UPI) Number:	009-91-01-08-02-1070-00-403-255
7	Privacy Act System of Records (SOR) Number:	-
8	OMB Information Collection Approval Number:	-
9	Other Identifying Number(s):	-
10	System Name:	Learning Management System-LMS
11	System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Carol Arbogast
12	Provide an overview of the system:	GeoMaestro 4.4 is an Internet-hosted human capital management and performance platform that enables organizations to capture, create, manage and share knowledge to improve workforce productivity, accelerate critical business processes, and drive organiza
13	Indicate if the system is new or an existing one being modified:	Existing
14	Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15	Is the system subject to the Privacy Act?	Yes
16	If the system shares or discloses IIF please specify with whom and for what purpose(s):	No IIF is shared or disclosed outside of administrative reports.
17	Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	The primary use of this information is to provide tracking ability for registering, completing and reporting on courses. This information may be disclosed to HHS administrators through administrative reports.
18	Describe the consent process:	Notify and obtain consent from the individuals whose IIF is in the system when major changes occur to the system (e.g., disclosure and/or data uses have changed since the notice at the time of the original collection) Since Maestro receives user data from
19	Does the system host a website?	Yes
20	Does the website have any information or pages directed at children under the age of thirteen?	No
21	Are there policies or guidelines in place with regard to the retention and destruction of IIF?	Yes
22	Are there technical controls present?	Yes
23	Describe the IIF security controls:	System Under Initial Development
24	Sr Official of Privacy Signature:	-
25	Sr Official of Privacy Signoff Date:	-

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

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ONE HHS

HHS Privacy Impact Assessment (PIA) Summary

PSC: PSC SAS Elite Series System

1	

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer "No" to that question.

2	Summary of PIA Required Questions

	Question	**Response**
1	System:	PSC SAS Elite Series System
2	Is this a new PIA?	No
3	If this is an existing PIA, please provide a reason for revision:	PIA Validation
4	Date of this Submission:	Mar 27, 2006
5	OPDIV Name:	PSC
6	Unique Project Identifier (UPI) Number:	009-91-01-08-02-1050-00-405-144
7	Privacy Act System of Records (SOR) Number:	no
8	OMB Information Collection Approval Number:	no
9	Other Identifying Number(s):	no
10	System Name:	EliteSeries System
11	System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Irene Grubb
12	Provide an overview of the system:	Provides cradle-to-grave management of the Supply Services Center's inventory and customers orders. It is made up of several modules wich are function-specific: Accounts Recievable, Accounts Payable, Inventory Management, Order Management, Purchasing, Pro
13	Indicate if the system is new or an existing one being modified:	Existing
14	Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15	Is the system subject to the Privacy Act?	No
16	If the system shares or discloses IIF please specify with whom and for what purpose(s):	no
17	Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	EliteSeries System does not collect PII information.
18	Describe the consent process:	no
19	Does the system host a website?	No
20	Does the website have any information or pages directed at children under the age of thirteen?	No
21	Are there policies or guidelines in place with regard to the retention and destruction of IIF?	Yes
22	Are there technical controls present?	Yes
23	Describe the IIF security controls:	No IIF is contained in the system
24	Sr Official of Privacy Signature:	Darlene Christian Green
25	Sr Official of Privacy Signoff Date:	May 16, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. **Note:** If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. **Note:** If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

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ONE HHS

HHS Privacy Impact Assessment (PIA) Summary

PSC: PSC SAS Revenue, Invoicing, and Cost Estimation System (PRICES)

1	

The following required questions represent the information necessary to complete the PIA Summary for transmission to the Office of Management and Budget. Note: If a question or its response is not applicable, please answer "No" to that question.

2	Summary of PIA Required Questions

	Question	Response
1	System:	PSC SAS Revenue, Invoicing, and Cost Estimation System (PRICES)
2	Is this a new PIA?	No
3	If this is an existing PIA, please provide a reason for revision:	PIA Validation
4	Date of this Submission:	May 4, 2006
5	OPDIV Name:	PSC
6	Unique Project Identifier (UPI) Number:	009-91-01-09-02-1014-00-402-124
7	Privacy Act System of Records (SOR) Number:	09-90-0024
8	OMB Information Collection Approval Number:	No
9	Other Identifying Number(s):	No
10	System Name:	PSC Revenue, Invoicing, and Cost Estimation System (PRICES)
11	System Point of Contact (POC). The System POC is the person to whom questions about the system and the responses to this PIA may be addressed:	Catharine Kualii
12	Provide an overview of the system:	A financial system for the management of a fee for service business. It contains four (4) modules: costing & pricing, forecasting, billing and a web-based customer viewer. PRICES is a system used by the PSC to manage the agency's business operations an
13	Indicate if the system is new or an existing one being modified:	Existing
14	Does/Will the system collect, maintain (store), disseminate and/or pass through IIF within any database(s), record(s), file(s) or website(s) hosted by this system?	No
15	Is the system subject to the Privacy Act?	Yes
16	If the system shares or discloses IIF please specify with whom and for what purpose(s):	Cost and estimated demand information used in the development of rates is presented to the HHS Service and Supply Fund Board during our annual rate approval process. Service provision and billing information is provide to customer program management and
17	Describe in detail the information the agency will collect, maintain, or disseminate and why and for what purpose the agency will use the information:	The PRICES costing/pricing module allows cost center managers to input projected cost data, demand forecasts, etc. to enable calculation of fee-for-service rates. As our rates are developed using strict full-cost recovery models, this information is key
18	Describe the consent process:	The costing and pricing exercise is performed annually and reviewed a mid-year. The PSC Business Office issues an e-mail datacall to Service Directors and cost center managers including guidance for entry of costs and demand into PRICES. Managers obtain
19	Does the system host a website?	No
20	Does the website have any information or pages directed at children under the age of thirteen?	No
21	Are there policies or guidelines in place with regard to the retention and destruction of IIF?	Yes
22	Are there technical controls present?	No
23	Describe the IIF security controls:	All access to the PRICES system in pass-word protected. Access is granted only by request through approving officials to the PRICES System Administrators.
24	Sr Official of Privacy Signature:	Darlene Christian Green
25	Sr Official of Privacy Signoff Date:	May 16, 2006

Note on IIF: Any question about IIF seeks to identify any, and all, personal information associated with the system. This includes any IIF, whether or not it is subject to the Privacy Act, whether the individuals are employees, the public, research subjects, or business partners, and whether provided voluntarily or collected by mandate. Later questions will try to understand the character of the data and its applicability to the requirements under the Privacy Act or other legislation. Note: If no IIF is contained in the system, please answer the remaining required questions, then promote the PIA to the Sr. Privacy Official who will authorize the PIA. Note: If this system contains IIF, all remaining questions on the PIA Form Tabs must be completed prior to signature and promotion.

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